

Exhibit

A

CERTIFIED MAIL®



7018 1130 0000 3681 8650

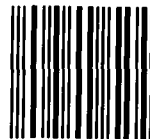
FOREVER
USA



Barn Swallow



1024



23060

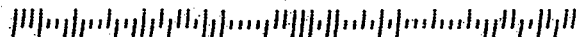
U.S. POSTAGE PA
FCM LETTER
NORFOLK, VA
23514
FEB 14, 20
AMOUNT

\$3.55

R2305M143330-13

ATTN: Credit Control LLC
CT Corporation System
4701 Cox Rd, Ste 285
Glen Allen, VA 23060-6808

23060-680860



WARRANT IN DEBT (CIVIL CLAIM FOR MONEY)

Commonwealth of Virginia VA. CODE § 16.1-79

Courtroom 2A 664-4913**Norfolk**

General District Court

CITY OR COUNTY

Courtroom 2D 664-4914**150 St. Paul's Blvd., Norfolk, VA 23510**

STREET ADDRESS OF COURT

TO ANY AUTHORIZED OFFICER: You are hereby commanded to summons the Defendant(s).

TO THE DEFENDANT(S): You are summoned to appear before this Court at the above address on

3/16/20**9:00 a.m.**

RETURN DATE AND TIME

to answer the Plaintiff(s)' civil claim (see below)

DATE ISSUED

☐ CLERK ☐ DEPUTY CLERK ☐ MAGISTRATE**CLAIM:** Plaintiff(s) claim that Defendant(s) owe Plaintiff(s) a debt in the sum of\$ **12,000** net of any credits, with interest at **6** % from date of **2015** until paid,\$ **57.00** costs and \$ _____ attorney's fees with the basis of this claim being☐ Open Account ☒ Contract ☐ Note ☒ Other (EXPLAIN) **8 violations of****TCDA 47 U.S.C. § 227(b)(1)(A)(iii) to telemarketing****757-383-1433 on 12/12/19, 12/19/19, 12/19/19, 1/3/2020, 1/6/2020****1/9/2020, 1/14/2020, 1/23/2020**HOMESTEAD EXEMPTION WAIVED? ☐ YES ☒ NO ☐ cannot be demanded**2/14/2020**

DATE

☒ PLAINTIFF ☐ PLAINTIFF'S ATTORNEY ☐ PLAINTIFF'S EMPLOYEE/AGENT**CASE DISPOSITION**JUDGMENT against ☐ named Defendant(s) ☐ _____

for \$ _____ net of any credits, with interest at _____ % from date _____

of _____ until paid, \$ _____ costs and \$ _____ attorney's fees

☐ and \$ _____ costs for Servicemember Civil Relief Act counsel feesHOMESTEAD EXEMPTION WAIVED? ☐ YES ☒ NO ☐ CAN NOT BE DEMANDED☐ JUDGMENT FOR ☐ NAMED DEFENDANT(S) ☐ _____☐ NON-SUIT ☐ DISMISSED _____Defendant(s) Present: ☐ NO ☐ YES _____

DATE

JUDGE

CASE NO.

Briggs, Naesikun S

PLAINTIFF(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

5801 Duplar Hall DR**Apt B20****Norfolk, VA 23502****757-383-1433****Credit Control, LLC**

DEFENDANT(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

Registered Agent: CT Corporation System**4701 Cox Rd Ste 285****Glen Allen VA 23060-6808****WARRANT IN DEBT**

TO DEFENDANT: You are not required to appear; however, if you fail to appear, judgment may be entered against you. See the additional notice of the reverse about requesting a change of trial location.

☐ To dispute this claim, you must appear on the return date to try this case.☐ To dispute this claim, you must appear on the return date for the judge to set another date for trial.

Bill of Particulars _____ ORDERED _____ DUE

Grounds of Defense _____ ORDERED _____ DUE

ATTORNEY FOR PLAINTIFF(S)

ATTORNEY FOR DEFENDANT(S)

HEARING DATE AND TIME

JUDGMENT PAID OR SATISFIED PURSUANT TO ATTACHED NOTICE OF SATISFACTION.

DATE

CLERK

DISABILITY ACCOMMODATIONS

for loss of hearing, vision, mobility, etc., contact the court ahead of time.

RETURNS: Each defendant was served according to law, as indicated below, unless not found.

NAME	
ADDRESS	
<input type="checkbox"/> PERSONAL SERVICE	Tel. No.
Being unable to make personal service, a copy was delivered in the following manner:	
<input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above.	
<input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)	
<input type="checkbox"/> Served on Secretary of the Commonwealth	
<input type="checkbox"/> NOT FOUND	SERVING OFFICER
DATE	for

NAME	
ADDRESS	
<input type="checkbox"/> PERSONAL SERVICE	Tel. No.
Being unable to make personal service, a copy was delivered in the following manner:	
<input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above.	
<input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)	
<input type="checkbox"/> Served on Secretary of the Commonwealth	
<input type="checkbox"/> NOT FOUND	SERVING OFFICER
DATE	for

NAME	
ADDRESS	
<input type="checkbox"/> PERSONAL SERVICE	Tel. No.
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<input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above.	
<input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)	
<input type="checkbox"/> Served on Secretary of the Commonwealth	
<input type="checkbox"/> NOT FOUND	SERVING OFFICER
DATE	for

OBJECTION TO VENUE:

To the Defendant(s): If you believe that Plaintiff(s) should have filed this suit in a different city or county, you may file a written request to have the case moved for trial to the general district court of that city or county. To do so, you must do the following:

1. Prepare a written request which contains (a) this court's name, (b) the case number and the "return date" as shown on the other side of this form in the right corner, (c) Plaintiff(s)' name(s) and Defendant(s)' name(s), (d) the phrase "I move to object to venue of this case in this court because" and state the reasons for your objection and also state in which city or county the case should be tried, and (e) your signature and mailing address.
2. File the written request in the clerk's office before the trial date (use the mail at your own risk) or give it to the judge when your case is called on the return date. Also send or deliver a copy to plaintiff.
3. If you mail this request to the court, you will be notified of the judge's decision.

I certify that I mailed a copy of this document to the defendants named therein at the address shown therein on	
DATE	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Plaintiff's Atty. <input type="checkbox"/> Plaintiff's Agent
Fi. Fa. issued on	
Interrogatories issued on:	
Garnishment issued on	

WARRANT IN DEBT (CIVIL CLAIM FOR MONEY)

Commonwealth of Virginia VA. CODE § 16.1-79

Courtroom 2A 664-4913

Norfolk

General District Court

CITY OR COUNTY

Courtroom 2D 664-4914

150 St. Paul's Blvd., Norfolk, VA 23510

STREET ADDRESS OF COURT

TO ANY AUTHORIZED OFFICER: You are hereby commanded to summons the Defendant(s).

TO THE DEFENDANT(S): You are summoned to appear before this Court at the above address on

3/16/20

9:00 a.m.

RETURN DATE AND TIME

to answer the Plaintiff(s)' civil claim (see below)

2/14/20

DATE ISSUED

[] CLERK

[] DEPUTY CLERK

[] MAGISTRATE

CLAIM: Plaintiff(s) claim that Defendant(s) owe Plaintiff(s) a debt in the sum of

\$ 12,000 net of any credits, with interest at 6 % from date of DOJ until paid,

\$ 59.00 costs and \$ attorney's fees with the basis of this claim being

[] Open Account [] Contract [] Note [X] Other (EXPLAIN)

8 violations of
TCPA 47 U.S.C § 227(b)(1)(A)(ii) to telephone #
757-383-1933 on: 12/12/19, 12/19/19, 12/19/19, 1/3/2020, 1/16/2020

HOMESTEAD EXEMPTION WAIVED? [] YES [] NO [] cannot be demanded

2/14/2020

DATE

[X] PLAINTIFF

[] PLAINTIFF'S ATTORNEY

[] PLAINTIFF'S EMPLOYEE/AGENT

CASE DISPOSITION

JUDGMENT against [] named Defendant(s) []

for \$ net of any credits, with interest at % from date

of until paid, \$ costs and \$ attorney's fees

[] and \$ costs for Servicemember Civil Relief Act counsel fees

HOMESTEAD EXEMPTION WAIVED? [] YES [] NO [] CAN NOT BE DEMANDED

[] JUDGMENT FOR [] NAMED DEFENDANT(S) []

[] NON-SUIT [] DISMISSED

Defendant(s) Present: [] NO [] YES

DATE

JUDGE

CASE NO.

Briggs, Nareshaun S

PLAINTIFF(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

5801 Duplar Hall DR

Apt B20

Norfolk, VA 23502

157-383-1933

Credit Control, LLC

DEFENDANT(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

Registered Agent: CT Corporation System

4701 Cox Rd Ste 285

Glen Allen, VA 23060-10808

WARRANT IN DEBT

TO DEFENDANT: You are not required to appear; however, if you fail to appear, judgment may be entered against you. See the additional notice of the reverse about requesting a change of trial location.

[] To dispute this claim, you must appear on the return date to try this case.

[] To dispute this claim, you must appear on the return date for the judge to set another date for trial.

Bill of Particulars

ORDERED

DUE

Grounds of Defense

ORDERED

DUE

ATTORNEY FOR PLAINTIFF(S)

ATTORNEY FOR DEFENDANT(S)

HEARING DATE AND TIME

3/4/2020

JUDGMENT PAID OR SATISFIED PURSUANT TO ATTACHED NOTICE OF SATISFACTION.

DATE

CLERK

DISABILITY ACCOMMODATIONS

for loss of hearing, vision, mobility, etc., contact the court ahead of time.

RETURNS: Each defendant was served according to law, as indicated below, unless not found.

NAME	
ADDRESS	
<input type="checkbox"/> PERSONAL SERVICE	Tel. No.
Being unable to make personal service, a copy was delivered in the following manner:	
<input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above.	
<input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)	
<input type="checkbox"/> Served on Secretary of the Commonwealth	
<input type="checkbox"/> NOT FOUND	SERVING OFFICER _____
DATE _____ for _____	

NAME	
ADDRESS	
<input type="checkbox"/> PERSONAL SERVICE	Tel. No.
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<input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)	
<input type="checkbox"/> Served on Secretary of the Commonwealth	
<input type="checkbox"/> NOT FOUND	SERVING OFFICER _____
DATE _____ for _____	

NAME	
ADDRESS	
<input type="checkbox"/> PERSONAL SERVICE	Tel. No.
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<input type="checkbox"/> Served on Secretary of the Commonwealth	
<input type="checkbox"/> NOT FOUND	SERVING OFFICER _____
DATE _____ for _____	

OBJECTION TO VENUE:

To the Defendant(s): If you believe that Plaintiff(s) should have filed this suit in a different city or county, you may file a written request to have the case moved for trial to the general district court of that city or county. To do so, you must do the following:

1. Prepare a written request which contains (a) this court's name, (b) the case number and the "return date" as shown on the other side of this form in the right corner, (c) Plaintiff(s)' name(s) and Defendant(s)' name(s), (d) the phrase "I move to object to venue of this case in this court because" and state the reasons for your objection and also state in which city or county the case should be tried, and (e) your signature and mailing address.
2. File the written request in the clerk's office before the trial date (use the mail at your own risk) or give it to the judge when your case is called on the return date. Also send or deliver a copy to plaintiff.
3. If you mail this request to the court, you will be notified of the judge's decision.

I certify that I mailed a copy of this document to the defendants named therein at the address shown therein on

DATE	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Plaintiff's Atty. <input type="checkbox"/> Plaintiff's Agent
------------	--

Fi. Fa. issued on

Interrogatories issued on:

Garnishment issued on

WARRANT IN DEBT (CIVIL CLAIM FOR MONEY)

Commonwealth of Virginia VA. CODE § 16.1-79

Courtroom 2A 664-4913**Norfolk**

General District Court

CITY OR COUNTY

Courtroom 2D 664-4914**150 St. Paul's Blvd., Norfolk, VA 23510**

STREET ADDRESS OF COURT

TO ANY AUTHORIZED OFFICER: You are hereby commanded to summons the Defendant(s).

TO THE DEFENDANT(S): You are summoned to appear before this Court at the above address on

3/16/20 9:00 a.m.

RETURN DATE AND TIME

to answer the Plaintiff(s)' civil claim (see below)

2/14/20

DATE ISSUED

[] CLERK

[] DEPUTY CLERK

[] MAGISTRATE

CLAIM: Plaintiff(s) claim that Defendant(s) owe Plaintiff(s) a debt in the sum of\$ 12,000 net of any credits, with interest at 6 % from date of DOJ until paid,\$ 57.00 costs and \$ _____ attorney's fees with the basis of this claim being[] Open Account [] Contract [] Note [X] Other (EXPLAIN) 8 violations ofTCRA 47 U.S.C. § 227(b)(1)(A)(iii) to telephone #757-383-1433 on: 12/12/19, 12/19/19, 12/19/19, 1/3/2020, 1/16/2020

HOMESTEAD EXEMPTION WAIVED? [] YES [] NO [] cannot be demanded

2/14/2020

DATE

[X] PLAINTIFF

[] PLAINTIFF'S ATTORNEY

[] PLAINTIFF'S EMPLOYEE/AGENT

CASE DISPOSITION

JUDGMENT against [] named Defendant(s) [] _____

for \$ _____ net of any credits, with interest at _____ % from date

of _____ until paid, \$ _____ costs and \$ _____ attorney's fees

[] and \$ _____ costs for Servicemember Civil Relief Act counsel fees

HOMESTEAD EXEMPTION WAIVED? [] YES [] NO [] CAN NOT BE DEMANDED

[] JUDGMENT FOR [] NAMED DEFENDANT(S) [] _____

[] NON-SUIT [] DISMISSED _____

Defendant(s) Present: [] NO [] YES _____

DATE

JUDGE

CASE NO.

Briggs, Naeshant S

PLAINTIFF(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

5801 Duplar Hall DRApt B20Norfolk, VA 23502757-383-1433Credit Control, LLC

DEFENDANT(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

Registered Agent: CT Corporation System4701 Cox Rd Ste 285Glen Allen VA 23060-6808**WARRANT IN DEBT**

TO DEFENDANT: You are not required to appear; however, if you fail to appear, judgment may be entered against you. See the additional notice of the reverse about requesting a change of trial location.

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Bill of Particulars _____ ORDERED _____ DUE

Grounds of Defense _____ ORDERED _____ DUE

ATTORNEY FOR PLAINTIFF(S)

ATTORNEY FOR DEFENDANT(S)

HEARING DATE AND TIME

JUDGMENT PAID OR SATISFIED PURSUANT TO ATTACHED NOTICE OF SATISFACTION.

DATE

CLERK

DISABILITY ACCOMMODATIONS

for loss of hearing, vision, mobility, etc., contact the court ahead of time.

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NAME	
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<input type="checkbox"/> NOT FOUND	SERVING OFFICER
DATE	for

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ADDRESS	
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<input type="checkbox"/> Served on Secretary of the Commonwealth	
<input type="checkbox"/> NOT FOUND	SERVING OFFICER
DATE	for

OBJECTION TO VENUE:

To the Defendant(s): If you believe that Plaintiff(s) should have filed this suit in a different city or county, you may file a written request to have the case moved for trial to the general district court of that city or county. To do so, you must do the following:

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2. File the written request in the clerk's office before the trial date (use the mail at your own risk) or give it to the judge when your case is called on the return date. Also send or deliver a copy to plaintiff.
3. If you mail this request to the court, you will be notified of the judge's decision.

I certify that I mailed a copy of this document to the defendants named therein at the address shown therein on

DATE	<input type="checkbox"/> Plaintiff
	<input type="checkbox"/> Plaintiff's Atty.
	<input type="checkbox"/> Plaintiff's Agent

Fi. Fa. issued on

Interrogatories issued on:

Garnishment issued on